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Bib Data Sheet

CONFIRMATION NO. 4098

SERIAL NUMBER 10/668,789	FILING DATE 09/23/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-10040.00
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APPLICANTS

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** CONTINUING DATA *****

AA

** FOREIGN APPLICATIONS *****

AA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials _____				

ADDRESS

27581
 MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
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TITLE

Medical electrical lead system including pre-formed J-shape stylet

FILING FEE RECEIVED 930	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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